

State of California
Department of Technology Services
TAPE COPY REQUEST

Attn: Processing Support Unit

Submitted By: _____	Date: _____
Department: _____	Phone Number: _____
	CALNET: _____
Account Code: _____	TMS Responsibility Code: _____
Date Needed: _____	Time Needed: _____

INPUT:

Dataset Name: _____

Record Description: RECFM: _____ LRECL: _____ BLKSIZE: _____

Number of Records: _____

Unit Volume: CTAPE _____ 18 TRK - IDRC Compressed: Yes _____ No _____

36 TRK - IDRC Compressed: Yes _____ No _____

Round Reel _____ BPI: 800 _____ 1600 _____ 6250 _____

Label: SL _____ NL _____ ASCII _____ EBCDIC _____

OUTPUT:

Dataset Name: _____

Record Description: RECFM: _____ LRECL: _____ BLKSIZE: _____

Number of Records: _____

Unit:

_____ CTAPE	18 TRK - IDRC Compressed: Yes _____ No _____	<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">DTS Use Only _____ _____ _____ _____</div>
	36 TRK - IDRC Compressed: Yes _____ No _____	
_____ DASD		
_____ Round Reel BPI: 800 _____ 1600 _____ 6250 _____		

Label: SL _____ NL _____ ASCII _____ EBCDIC _____

Will output tape be stored at DTS? Yes _____ No _____

If no, please indicate where the tape is to be sent by completing the following:

Customer Name: _____ Phone Number: _____

Address: _____

Comments or Special Instructions:

DEPARTMENT OF TECHNOLOGY SERVICES USE ONLY

Date Completed: _____ Completed By: _____